## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: <u>Mail</u> Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must

21906 75 TROP, PRUNER 1616 S. VOSS RO. HOUSTON, TX 77	AD, SUITE 750	I hereby certify that States Postal Servic addressed to the M transmitted to the U Cynt	tate of mailing or transmission. Certificate of Mailing or Trans this Fee(s) Transmittal is bein t with sufficient postage for fir fail Stop ISSUE FEE address SPTO (571) 273-2885, on the d thia 1/4 Hayden mber 2, 2011	g deposited with the United st class mail in an envelope
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/878,908	06/19/1997	KARL-LUTZ LAUTERJUNG	VAS.0002US	8837

TITLE OF INVENTION: PROSTHETIC REPAIR OF BODY PASSAGES

ан Ал сар							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0	\$1510	12/16/2011	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS				
PREBILIC, PAUL B 3774		623-001000	•				
CFR 1.363). Change of corresp Address form PTO/S Tece Address" ind PTO/SB/47; Rev 03- Number is required 3. ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI V:	dication (or "Fee Address 02 or more recent) attach AND RESIDENCE DAT. aless an assignee is ident th in 37 CFR 3.11. Com IGNEE ascutek Limited	nge of Correspondence " Indication form cd. Use of a Customer A TO BE PRINTED ON	or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent atto- listed, no name will be THE PATENT (print or type data will appear on the port a substitute for filing an (B) RESIDENCE: (CITY Renfrews	3 registered patent attorn vely, e firm (having as a memb agent) and the names of u rneys or agents. If no nan printed.	dentified below, the doct		
4a: The following fec(s) UJssue Fee Publication Fee (		4 permitted)	<ul> <li>b. Payment of Fee(s): (Plea</li> <li>A check is enclosed.</li> <li>Payment by credit car</li> </ul>		viously paid issue fee sh	own above)	
a. Applicant clair	atus (from status indicate ns SMALL ENTITY stat nd Publication Fee (if rec records of the United Sta	us. See 37 CFR 1.27.	1997 - 1997 -	ger claiming SMALL EN	TITY status. See 37 CFR	. 1.27(g)(2).	
Authorized Signature Typed or printed nar		othy N. Trop		Date	December 2, 2 28,994	2011	
Alexandria, virginia 22	.515-1450,		on is required to obtain or 1.14. This collection is es y depending upon the indi a Chief Information Offic COMPLETED FORMS To espond to a collection of in				